

SFU SECHELT SOFTBALL CLINIC REGISTRATION FORM 2012

PARTICIPANT INFORMATION Participant's Last Name: _____ Participant's First Name: _____ Middle Initial: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Work Phone: _____ E-Mail: _____	Gender <input type="checkbox"/> M <input type="checkbox"/> F Birth Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> T-Shirt Size Kids S M Adult S M L XL (mark ONE)
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PARTICIPANT MEDICAL INFORMATION (BC Residents) BC Care Card #: _____ (must provide) Emergency Contact Name: _____ Phone: _____ NON-BC Residents: Out of Province <input type="checkbox"/> Medical #: _____ Travel Insurance <input type="checkbox"/> Insurance Provider: _____ (must provide prior to camp start date)	MEDICAL HISTORY
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PARENT / GUARDIAN CONSENT

All participants *under the age of 14* must be signed out by an authorized person. Please identify all of the individuals that can sign for your child in the space provided **OR** you can give your child permission to sign themselves out by checking the box below.

Authorized Person(s) for Sign Out

Name: _____	Relationship to Child: _____	Name: _____	Relationship to Child: _____
Name: _____	Relationship to Child: _____	Name: _____	Relationship to Child: _____

Yes, I grant my child the authority to sign themselves out. Parent's Initials: _____

I hereby grant my child named _____ permission to participate in the Simon Fraser University (SFU) Camps Program and, in the event of an accident or injury, authorize Simon Fraser University to provide or cause to be provided such medical services as University medical personnel consider appropriate. SFU Camps Program reserves the right to refuse further participation to any participant for rule infractions.

Yes, I give Simon Fraser University my consent to take photographs or videos of my child and reproduce such photographs or videos for use in University promotional materials or publications.

I do not want to receive information on future camps and clinics via email.

Signature of Parent/Guardian _____ **Relationship to Participant** _____ **Date** _____

The information on this form is collected under the authority of the *University Act* (R.S.B.C. 1996, c.468, s. 27(4)(a)). It is related directly to and needed by the University to administer and operate the Camps Program including registration, payment of camp fees and obtaining parental consent. The participants BC Care Card number and relevant medical history is needed in the event of an accident or injury. The information will be used to register camp participants, receive camp fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a camp participant. If you have any questions about the collection and use of this information please contact the Camps Coordinator, Recreation and Athletics, Simon Fraser University, 8888 University Drive, Burnaby, BC, V5A 1S6, 778-782-8766.

CLINIC INFORMATION

Please check all that apply

PITCHING : (Fri only) (\$15)
Fri., May 4th (Kinikinnick Flds)
 6:00pm – Sunset (Approx. 8:30pm)
 (Fundamentals of the windmill pitch.)

GENERAL SKILLS : (\$25)
Sat, May 5th (1 Day : 9 AM - 5 PM)
 (Kinikinnick Flds) 9:00am – 5:00pm

The General Skills Clinic covers the following fundamental skills:
 Throwing, catching, fielding, hitting, bunting & baserunning.
 * Includes a Camp T-Shirt
 Hot Dog and Drink

PACKAGE : (Fri/Sat) (\$40)

(Would like to participate in **Both** the Pitching and General skill camps listed above)

Sorry No Refunds after April 15th

TOTAL: \$ _____

Mail Registration Form and Cheque to:
 Sechelt Minor Softball Association
 PO Box 1820
 Sechelt, BC V0N 3A0
 or contact for more info.
info@secheltminorsoftball.ca
 Randy Younghusband
 604- 885-0373